State of Illinois
Illinois Department of Public Health

Emergency Medical Services (EMS) Systems
Special Events Request Application

This application is to be completed as a temporary amendment to an existing EMS System Plan by a service provider who will be providing coverage at a specific event. The completed application and attachments should be forwarded to the EMS System Medical director and EMS System Coordinator for review and approval. The application should then be forwarded to the Regional EMS Coordinator (REMSC) at least **45 days prior to the event**.

EMS System Name _____

Provider Name _____ Provider Number _____

Provider Contact _____ Phone _____ E-mail _____

Address _____ City _____ State ____ ZIP Code _____

Describe below how the service area for vehicle(s) being assigned to the event will be covered during event. What mutual aid or backup will be provided for vehicles covering the event? (List vehicles, equipment, and personnel on page 2 of this application.)

Name of Event _____ Location _____

Number of People Expected _____ Date(s) of Event _____ Hours of Operation _____

- **Attach a map of the hospital(s) to which the ambulance(s) will be transporting to.**
- **Attach an Emergency Plan for incident management at the event. The plan should reference and align with the National Incident Management System (NIMS), where applicable.**

_____ _____
Provider Signature Date

Name of EMS system(s) that will handle communication for event if different than above.

I have reviewed the above request to amend the EMS System Plan and verify that this ambulance provider meets the vehicle, equipment and staffing requirements of the EMS Act, Rules and Regulations and recommend these event specific modifications of that plan.

_____ _____
EMS Medical Director Signature Date

_____ _____
EMS System Coordinator Signature Date

State of Illinois
Illinois Department of Public Health

Emergency Medical Services (EMS) Systems
Special Events Request Application

FORWARD THIS FORM AND ALL ATTACHMENTS TO THE STATE REGIONAL EMS COORDINATOR FOR REVIEW.

Any equipment or personnel changes following approval should be forwarded to the State Regional EMS Coordinator prior to the event.

REMSC Review: ☐ I Recommend ☐ I Do Not Recommend ☐ Inspection Required **Date Received** _____

Comments:

_____ _____
REMSC Signature Date

Provider EMS Equipment Information:

Ambulance License Number	**VIN** (Last Four)	**Level of Care**

State of Illinois
Illinois Department of Public Health

Emergency Medical Services (EMS) Systems
Special Events Request Application

Provide name(s) and license number(s) of EMS personnel for each vehicle listed or attach a current staff roster.

Employee Name	Illinois EMS License Number	Level of Licensure	Expiration Date

Additional Non-transport SEMSV Provider Equipment: (check all that apply)

- ☐ Individual EMS Foot Patrol Number _____ [ ]
- ☐ Bicycle EMS Patrol Number _____ [ ]
- ☐ Gator, UTV, Golf Cart Number _____ [ ]
- ☐ Watercraft Number _____ [ ]
- ☐ Other Off-Road Vehicle Number _____ [ ]
- ☐ Medical Station Number _____ [ ]

Submit by Email